

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

AT HUNTINGTON

REBECCA KLUG,

Plaintiff,

v.

Civil Action No. 3:18-cv-00711

Judge Robert C. Chambers

MARSHALL UNIVERSITY
BOARD OF GOVERNORS,
and FARID B. MOZAFFARI, an individual,

Defendants.

The deposition of FARID B. MOZAFFARI, M.D., was taken under the Federal Rules of Civil Procedure in the above-entitled action before Lisa V. Miller, a Certified Court Reporter and Notary Public within and for the State of West Virginia, on the 3rd day of February 2020, commencing at 10:12 a.m., at the law offices of Oxley Rich Sammons, 517 9th Street, Suite 1000, Huntington, West Virginia, pursuant to notice.

MOUNTAIN STATE REPORTING, LLC
(304) 727-8590

1 MR. OXLEY: Objection. For what to what?
2 I think they differ. I want to make sure I understand what
3 years you're talking about.

4 MS. WHITEAKER: Well, he might remember what
5 they were for the different levels.

6 BY MS. WHITEAKER:

7 Q Do you?

8 A Yes, I do.

9 Q Okay.

10 A It was 55 percent for PGY-1, 60 percent for
11 PGY-2, 65 percent for PGY-3, 70 percent for PGY-4.

12 Q And those percentages, are those percentage
13 of correct answers?

14 A Correct.

15 Q Just making sure I know what you're talking
16 about. Okay.

17 A And those numbers would roughly correlate to
18 about five percentile for each individual year.

19 Q Before you made that part of the
20 requirements, there was no minimum score required?

21 A Correct.

22 Q Why did you make that change?

23 A There was a warning letter from ACGME
24 regarding our program and our board pass rate. It was a

1 clerkship director at that time. That had to do with medical
2 students.

3 Q During Dr. Klug's second year, did you work
4 with her?

5 A Yes.

6 Q Was she subjected to any discipline that
7 year?

8 A During her PGY-2?

9 Q Yes.

10 A What do you mean as far as discipline?

11 Q Did she get in trouble, did she get written
12 up, did she have any problems?

13 A She did. There were multiple complaints
14 regarding her from faculty and nursing.

15 Q What do you remember about that?

16 A There were several nursing complaints, I
17 think, that were both verbal and written regarding that she
18 did not have a good working relationship with them, that she
19 was not easy to get along, she would be yelling at them.

20 Q Did you do anything to investigate those
21 complaints to see if they were valid?

22 A I talked to her and I talked to the people
23 who made those complaints.

24 Q Okay. What did you conclude?

1 A Guidance. I talked to her saying that it's
2 better to try to understand where they're coming from and have
3 a better working relationship, not to get angry at them if
4 you don't agree with what they have done, and try to explain
5 yourself, try to get everybody on the same page.

6 We had a lot of complaints specifically from
7 Dr. Wolfer regarding Dr. Klug. The chief residents would
8 come to me and say that Dr. Wolfer was being extremely hard
9 on her and we tried everything that we can to try to shield
10 her from that.

11 Q Being hard on Dr. Klug?

12 A Yes.

13 Q Did nurses complain about other residents
14 also?

15 A Yes. Not all of them. Not all the
16 residents, but some, yes.

17 Q And did you handle those complaints the same
18 way with other residents?

19 A I did.

20 Q I'm trying to get organized here. Just give
21 me a second.

22 A Okay.

23 Q I'll give you another document here. This
24 will be Exhibit No. 2 to your deposition. And this, I think,

1 is a Midpoint Evaluation PGY-2.

2 (WHEREUPON, Mozaffari
3 Deposition Exhibit No. 2,
4 Midpoint Evaluation PGY-2, was
5 marked for identification.)

6 BY MS. WHITEAKER:

7 Q Did you evaluate Dr. Klug midway through the
8 PGY-2 year, the 2014 to 2015 year?

9 A Yes.

10 Q Okay. And how was she doing at that point?
11 I gave you that exhibit in case you wanted to refer to it,
12 because I don't expect you to have everything memorized.

13 A It was noted that she had several
14 deficiencies in that evaluation.

15 Q Is there a place on here where you give an
16 overall rating?

17 A The very end, "Program director's comments
18 and plan of action."

19 Q Okay. Can you read to me what that says
20 there? I can't read it very well.

21 A "Work on research and show progress. Log
22 cases in timely manner. Complete bedside procedures by next
23 evaluation. Administrative tasks need to be completed. Be
24 more assertive."

1 Q Okay. So on this Midpoint Evaluation you
2 list strengths and weaknesses and describe progress on
3 certain procedures and different things she's supposed to
4 complete. Overall, is this a good evaluation?

5 A I would not say it's a good evaluation.
6 There are several deficiencies noted on there.

7 Q Okay. And are those the things you read to
8 me from the comments and plan of action, or are you looking
9 at something else?

10 A No, I'm looking at something else.

11 Q What are -

12 A Her 360 evaluations. Some were superior,
13 some satisfactory, some unsatisfactory. SCORE curriculum,
14 she had done only one-fourth of the SCORE curriculum, and she
15 had not done her CITI training certificate for her research.
16 She had not logged any cases since January 2014, and it was
17 noted that she needed 153 more by the end of the year to get
18 her to the minimum requirement of 250 cases. She was
19 deficient in procedures that she had not logged that she had
20 completed, including adult intubation and adult ventilation
21 management.

22 It was noted that she had a problem with
23 administrative responsibilities. She is late on a lot of her
24 cases, with logging duty hours, bedside procedures, allscript

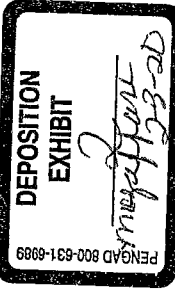
MIDPOINT EVALUATIONS – PGY 2
MARSHALL SURGERY RESIDENCY PROGRAM

2014-15

Name: REBECCA KLUG, MD

Date of Evaluation: 11.25.14

	Patient Care	Medical Knowledge	Systems Based Practice	PB Learning and Improvement	Professionalism	Interpersonal Skills and Communication				
MILESTONE LEVELS PER C3 MTG 11.18.14	PC 1 - 2.5	MK1 - 2.5	SBP1 - 2.5	PBL1-1.5	PROF1-3	ICS1-2				
	PC 2 - 2.5	MK 2 - 2.5	SBP2 - 2.5	PBL2-1.5	PROF2-3	ICS2-2				
	PC 3 - 1.5			PBL3-1.5	PROF3-3	ICS3-2				
360° Evaluations	SUPERIOR TO SATISFACTORY TO UNSATISFACTORY									
Patient Evaluations	NONE COLLECTED									
Education										
Completion of SCORE Assignments?	YES <i>up, not as much as she should</i>									
Conference attendance =>80%	88%									
Exposure or participation in 50% of SCORE Curriculum Procedures assigned <u>AND</u> <u>CORRESPONDING SCORE MODULES COMPLETED</u>	<input checked="" type="checkbox"/> Lap Ex Lap <input checked="" type="checkbox"/> Ileostomy Closure	<input checked="" type="checkbox"/> Lap Repair Ing. Fem Hernia <input checked="" type="checkbox"/> Open Feeding Jejun.	<input checked="" type="checkbox"/> Open Repair Ventral Hernia <input checked="" type="checkbox"/> Open Partial Colectomy	<input checked="" type="checkbox"/> Open Chole w/wo Cholangio <input checked="" type="checkbox"/> Colostomy	<input checked="" type="checkbox"/> Lap Chole w/wo Cholangio <input checked="" type="checkbox"/> Esophagogas	<input checked="" type="checkbox"/> Lap Liver BX <input checked="" type="checkbox"/> Branch	<input checked="" type="checkbox"/> Perc Endo Gastrostomy <input checked="" type="checkbox"/> Total/Skin Sparing Mastec.	<input checked="" type="checkbox"/> Open SBR <input checked="" type="checkbox"/> Sen. V Lymph Node BX	<input checked="" type="checkbox"/> Open Adhesiolysis <input checked="" type="checkbox"/> Venous Insuff. Op for Varicose Veins	<input checked="" type="checkbox"/> Ileostomy <input checked="" type="checkbox"/> Arteriovenous Graft/Fistula
Write and submit Abstract on research topic chosen as PGY 1 to a state or national meeting for poster or oral presentation.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
• Renew Citi Training Certification	YES									
ACLS and ATLS Training and Certification current	YES									
Remediation?	NO									
Case Logs										
Case Logs Reviewed with Resident?	YES – Has logged 97 cases as of 11.24.15. Has not logged any cases since January 2014. She need 153 more cases by the end of the year to achieve her 250 cases required by the ABS.									



MIDPOINT EVALUATIONS – PGY 2

MARSHALL SURGERY RESIDENCY PROGRAM

Required Bedside Procedures Competency		
Procedure	Completed?	Credentialed to Perform Independently?
ADULT INTUBATION	0	NO
ADULT VENT MANAGEMENT	0	NO
CONSCIOUS SEDATION	1	NO

ADMINISTRATIVE RESPONSIBILITIES:

DR. KLUG HAS A PROBLEM WITH HER ADMINISTRATIVE RESPONSIBILITIES. SHE IS LATE LOGGING CASES, DUTY HOURS, BEDSIDE PROCEDURES, ALLSCRIPTS TASKS, EVALUATIONS, SIGNATURES, M&M LISTS AND IS FREQUENTLY ON THE DELINQUENT MEDICAL RECORDS LIST AT SMMC AND CHH. DR. KLUG IS CREDENTIALED IN ALL THE BEDSIDE PROCEDURES EXCEPT ADULT INTUBATION, ADULT VENT MANAGEMENT AND CONSCIOUS SEDATION. CONCERNED ABOUT LACK OF CASES LOGGED.

COMMENTS FROM FACULTY EVALUATIONS:

- SATISFACTORY PERFORMANCE ON FLOOR. NURSES RESPOND WELL TO HER. HAS BASIC SKILLS AND DOES WARD PROCEDURES WELL. BEGINNING TO COME TO SURGERY AND INTERACT APPROPRIATELY. KNOWS WHEN TO ASK FOR ASSISTANCE. DOES VERY WELL WITH THE TEAM. ENERGETIC. ASKS APPROPRIATE QUESTIONS. SOMETIMES SLOW, OCCASIONALLY FORGETS. LISTENS TO COMMENTS AND CRITICISM AND REACTS AND LEARNS. WANT TO EDUCATE STUDENTS. QUIET. GOOD COMMUNICATOR TO PATIENTS AND FAMILIES. DOWN TO EARTH. SATISFACTORY PERFORMANCE THUS FAR. SEEMS TIMID ON OCCASION, WORKS WELL WITH OTHERS.
- DOING WELL. NEEDS TO WORK MORE EFFICIENTLY TO GET WORK DONE AND WILL GET MORE OUT OF OPERATING ROOM.

COMMENTS FROM CCC MEETING NOVEMBER 18, 2014

- WORKS HARD
- TENTATIVE
- READS AND COMPREHENDS
- MAKING GOOD PROGRESS
- STAYS IN THE BACKGROUND

MIDPOINT EVALUATIONS – PGY 2

MARSHALL SURGERY RESIDENCY PROGRAM

STRENGTHS:

- COMMUNICATION SKILLS WITH PATIENTS AND THEIR FAMILIES
- TEAMWORK

WEAKNESSES/AREAS OF IMPROVEMENT:

- WORK ON CONFIDENCE
- WORK ON SPEEDING UP FLOOR WORK SO SHE CAN GET MORE TIME IN OR
- NEEDS TO READ MORE AND USE SCORE CURRICULUM

SELF-ASSESSMENT COMMENTS: GOALS TO WORK ON OVER THE NEXT SIX MONTHS:

- TIME MANAGEMENT
- PROFESSIONAL INTERACTIONS
- RESEARCH

ROTATIONS COMPLETED SINCE JULY 2014

- GEN SURG – JULY/AUGUST
- BREAST – SEPT/OCT
- ENDOSCOPY – NOV/DEC – IN PROGRESS

DOES THIS RESIDENT NEED REMEDIATION FOR ANY ISSUES?

NO

PROGRAM DIRECTOR COMMENTS/PLAN OF ACTION:

work on research and floor progress
big cases on the floor, complete bedside procedures by next eval
administrative tasks need to be completed
be more assertive

MIDPOINT EVALUATIONS – PGY 2

MARSHALL SURGERY RESIDENCY PROGRAM

Program Director: _____

Resident Signature: _____

Date: _____

Date: _____

[Signature]

11/25/14

[Signature]

MIDPOINT EVALUATIONS – PGY 2

2014–15

MARSHALL SURGERY RESIDENCY PROGRAM

- Dr. Klug has high potential; she is very close to being much better than what she is right now. I think confidence is a major issue and if this improves most likely everything else will follow.
- Very good resident, hardworking, eager to learn, easy to work with
- She does actively look for opportunities to reduce error, but is not quite ready to practice independently without supervision.

COMMENTS FROM CCC MEETING NOVEMBER 18, 2014

- Cannot tie knots
- Submissive

STRENGTHS:

- Becky is extremely well organized. If you give her a task, she is outstanding at getting it done. She is nice. She is respectful. She works hard.
- Resident takes responsibilities seriously. Hard worker – very thorough in clinic, communicates effectively despite introverted personality.
- She did a pretty good job and stepped up and covered when the Chief was on vacation
- Dr. Klug has very good technical skills. She has very good bedside manners and her patients like her.
- She is willing to learn and does adapt quickly to change. She has great surgical instincts, she accepts her role well of the senior resident in the Unit and has with instruction become proficient in discussing topics with families and helping to coordinate care.
- Dr. Klug is very nice and polite. She will do anything you ask her to do. She seems to work hard. She seems to get along with some of the ancillary staff better than others. Probably more than any other resident, during rounds, she seems to point out when other residents make mistakes.

WEAKNESSES/AREAS OF IMPROVEMENT:

- Becky does not seem to delegate to the junior residents. She seems to be somewhat timid especially in the OR. She really needs to be more assertive. When you question her about certain therapies, she doesn't seem to have the knowledge necessary to argue her case. This is somewhat concerning. She must read. Her fund of knowledge must improve. I think that is she gains confidence and knowledge she could become an excellent surgeon.
- Definite need to increase depth of knowledge base. She knows enough to function day to day but needs much more for true critical problem solving.
- Be more assertive in the OR. Requesting table height, instruments, Etc.

MIDPOINT EVALUATIONS – PGY 2

2014-15

MARSHALL SURGERY RESIDENCY PROGRAM

- Her hesitancy during procedures exposes her lack of confidence in herself. I think she very much has the ability and simply needs to trust herself to further develop her skills
- Has trouble prioritizing, reported to have worked 48 hour straight at the VA and this has never been required. The dates were when the Chief was in town.
- Needs more time in OR
- My suggestion for her is to work on her medical knowledge and try to work on her relationship with the attendings. Although she is very thorough in her assessments and her notes, she needs to become more efficient with time and not to lose OR case because of that.
- Needs to increase her level of sense of urgency at time especially when pertains to cardiac arrhythmias which are common
- Needs to continue reading as instincts can only take you so far and then one must understand why they are performing tasks. Does have great potential work on identifying certain arrhythmias and knowing their individual treatments.
- I am extremely concerned with Dr. Klug's fund of knowledge. Either she is not reading or she is not retaining what she has read

SELF-ASSESSMENT COMMENTS: GOALS TO WORK ON OVER THE NEXT SIX MONTHS:

- Study attending cases – reviewing anatomy

ROTATIONS COMPLETED SINCE JANUARY 2015

- ICU – JANUARY AND FEBRUARY
- GEN SURG VA - MARCH
- BREAST – APRIL
- ICU – MAY
- GEN SURG – SMMC – JUNE – IN PROGRESS

MIDPOINT EVALUATIONS – PGY 2

2014-15

MARSHALL SURGERY RESIDENCY PROGRAM

DOES THIS RESIDENT NEED ADDITIONAL REMEDIATION FOR ANY ISSUES?

PROGRAM DIRECTOR COMMENTS/PLAN OF ACTION:

- Complete Transplant module
- Log Cases in next 6 days up to 250 total cases
- Show up on time for start day
- do notes on timely fashion.

Not ready for PGY 3

Program Director: _____

Date: _____

Resident Signature: _____

Date: _____

FINAL EVALUATIONS - PGY 2

2014-15

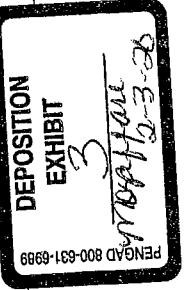
MARSHALL SURGERY RESIDENCY PROGRAM

Name: REBECCA KLUG, MD

Date of Evaluation:

6.23.15

	Patient Care	Medical Knowledge	Systems Based Practice	PB Learning and Improvement	Professionalism	Interpersonal Skills and Communication
MILESTONE LEVELS PER C3 MTG 5.12.15	PC 1 - 2.5 PC 2 - 2.5 PC 3 - 1.5	MK1 - 1.5 MK 2 - 2	SBP1 - 3 SBP2 - 3	PBL1 - 2 PBL2 - 1 PBL3 - 1.5	PROF1 - 2.5 PROF2 - 1.5 PROF3 - 1.5	ICS1 - 1 ICS2 - 2.5 ICS3 - 1.5
360° Evaluations	Received two evals back - one unsatisfactory and one superior					
Patient Evaluations	NONE COLLECTED					
Education						
Completion of SCORE Assignments and Weekly Exams	Average Exam Score - 67%					
Completion of ASTS Transplant Module	not done					
Conference attendance =>80%	71% (she has been at all conferences since her return-)					
Exposure or participation in 50% of SCORE Curriculum Procedures assigned AND CORRESPONDING SCORE MODULES COMPLETED	<ul style="list-style-type: none"> Lap Expl Laparotomy Lap Repair Inguinal and Femoral Hernia Open repair ventral hernia Open chole w/wo cholangiography Lap chole w/wo cholangiography Lap Liver BX Perc Liver BX Perc Endoscopic Gastrostomy - 4 Open SB resection 		<ul style="list-style-type: none"> Open Adhesiolysis Ileostomy Ileostomy Closure Open feeding Jejunostomy Open Partial Colectomy Colostomy EGD - 5 Bronch Lumpectomy Total and skin sparing mast 		<ul style="list-style-type: none"> Sentinal Node BX Venous Insuff/varicose veins Arteriovenous Graft/Fistula 	
Write and submit Abstract on research topic chosen as PGY 1 to a state or national meeting for poster or oral presentation.	Has not done anything on research					
<ul style="list-style-type: none"> Renew Citi Training Certification 	NO ABSTRACT OR RESEARCH PROJECT TURNED IN - CITI TRAINING UP TO DATE					
ACLS and ATLS Training and Certification current	YES					



MIDPOINT EVALUATIONS – PGY 2

2014-15

MARSHALL SURGERY RESIDENCY PROGRAM

Remediation?	YES – SEE ATTACHED
Case Logs Reviewed with Resident?	<p>CASE LOGS</p> <p>YES – Has logged 157 cases as of 6.23.15. Has not logged cases since March 30 2015. Has 122 qualifying cases for the ABS 250 minimum requirement. Completed her Endo rotation with only 29 cases, short 56 cases for endoscopy. <i>Needs to log in this week</i></p>
Procedure	<p>Required Bedside Procedures Competency</p> <p>Completed/CONFIRMED? Credentialed to Perform Independently?</p>
PGY 1 PROCEDURES	
CONSCIOUS SEDATION	6 CONFIRMED/2 UNCONFIRMED
MIDPORT INSERTION	2 UNCONFIRMED
PGY 2 PROCEDURES	
TRAUMA RESUSCITATION	0
BURN RESUSCITATION	2 - UNCONFIRMED
VENT MANAGEMENT	2 CONFIRMED/3 UNCONFIRMED
OPEN FEEDING JEJUNOSTOMY	0
OPEN REPAIR VENTRAL HERNIA	0
OPEN CHOLE W/WO CHOLANGIOGRAPHY	0
LAP CHOLE W/WO CHOLANGIOGRAPHY	0
ADULT INTUBATION	5 CONFIRMED

ADMINISTRATIVE RESPONSIBILITIES:

Dr. Klug is late logging duty hours, currently about 2 and a half weeks behind. Also, Dr. Klug has three outstanding duty hours violations that require explanations. *has to be logged*

COMMENTS FROM FACULTY / CHIEF EVALUATIONS:

- Strong willed. Works hard
- Dr. Klug has become more proficient in the OR. She is able to proceed with surgery and make decisions without being prompted through most common procedures.

Farid B. Mozaffari, MD, FACS
Associate Professor, Plastic Surgery
Department of Surgery
Residency Program Director

March 12, 2015

Warning Letter: Rebecca Klug, MD
RE: Academic Performance

Dr. Klug,

The Clinical Competency Committee met last night and discussed your recent performance on the ABSITE exam. Because there was no improvement from last year's ABSITE, which was well below national average and what is expected of our residents, the lack of keeping up with your scheduled reading assignments and didactics, not turning in your research project as required, the Committee decided that you will not be promoted to the PGY 3 level, but remain at the PGY 2 level.

Plan of Action:

1. Dr. Klug will meet with a mentor weekly and a plan for improvement must be developed (copy must be submitted to the Academic office)
2. Dr. Klug will be enrolled in the Marshall Help Program to identify possible test taking problems and be given test taking strategies.
3. She will also be given weekly exams along with the rest of the residents.

Signing this document means that you understand the situation that has been addressed in this letter.

Rebecca Klug, MD: _____ Date: _____

Farid Mozaffari, MD
Program Director: _____ Date: 3/12/15

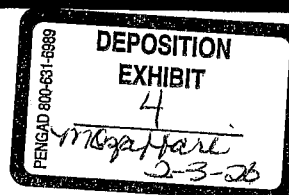
Anna Webb

3/12/15

3/12/2015

I have read the above letter & spoken with Dr. Mozaffari & Donna Webb this evening. I understand their concerns, I feel that providing me a brief extension to first prove that I could make improvements and bring myself up to speed on all of the above would be a fair attempt. **WE ARE MARSHALL** Therefore I do not agree with the restriction & will be issuing a challenge to the matter.

Klug was [signature]



Klug000297

Farid B. Mozaffari, MD, FACS
Associate Professor, Plastic Surgery
Department of Surgery
Residency Program Director

March 16, 2015

Follow-up Letter: Rebecca Klug, MD
RE: Academic Performance

Dear Dr. Klug:

I am receipt of the Warning Letter that was given to you March 12th for your review. At the bottom of the letter, you wrote that you do not agree with the restraint decision of the Clinical Competency Committee (C3) described in the letter and you will be issuing a challenge to the matter.

I encourage you to do this and have included a copy of the CME Appeals Process for your review.

Farid B. Mozaffari, MD
Program Director _____ Date: 3/16/15

Rebecca Klug, MD: _____ Date: 3/14/15

C: Paulette Wehner, MD, DIO
David A. Denning, MD, Chairman

Attachment: JCESOM Policy on Resident/Fellow Appeal Procedure

Subject: HELP

Date: Wednesday, March 18, 2015 at 4:55:05 PM Eastern Daylight Time

From: Webb, Donna J.

To: Klug, Rebecca L.

CC: Mozaffari, Farid, Ashworth, Robert

Priority: High

Dr. Klug,

An appointment has been made with Robbie Ashworth, MA. He is the Coordinator at the Medical & Professional H.E.L.P. He has agreed to see you next week on March 27th at 3:00pm. The first appointment should take about an hour. His phone number is (304) 696-5834. The HELP program is located at Myers Hall, 520 18th Street, (behind Public Safety/Parking Office and across 5th Avenue from Towers Dorms). Mr. Ashworth will send a questionnaire for you to complete before the appointment.

Please let me know if you have any questions.

Donna C. Webb
Surgery Residency Coordinator
Marshall University – Joan C. Edwards School of Medicine
1600 Medical Center Drive
Huntington, WV 25701
304-691-1282 (O)
304-691-1287 (F)
cremeans16@marshall.edu



Marshall Health

Subject: FW: Questionnaire for initial meeting

Date: Thursday, March 19, 2015 at 2:50:07 PM Eastern Daylight Time

From: Webb, Donna J.

To: Klug, Rebecca L.

Please complete this questionnaire and take with you to your appointment next week.

From: Ashworth, Robert

Sent: Thursday, March 19, 2015 12:43 PM

To: Webb, Donna J.

Subject: Questionnaire for initial meeting

Donna:

Here's a Word version and PDF of the questionnaire for the residents, if you could forward them on.

Thanks,
Robbie

Robbie Ashworth, MA
Coordinator Medical & Professional H.E.L.P.
Marshall University
(304) 696-5834

This questionnaire is designed to help me form a better understanding of your study techniques and test taking skills prior to our face-to-face meeting. Ultimately, the more information that you can provide, the fuller my understanding will be. Please, be as detailed, honest, and thorough as possible, and do **not** worry about spelling, punctuation, or grammar. There are **no** right or wrong answers here. Answer what you can.

Email the information to me at ashwort7@marshall.edu Thank you, Robbie

1. What review material did you use to prepare? Briefly describe your process of studying this material? What skills or techniques did you use? What worked/didn't work?

2. How did practice questions fit into your studying? Briefly describe your process of utilizing practice questions? If you missed a question during practice, what was your next step?

3. Briefly describe your study schedule? When did you start preparing specifically for this exam? How much time was dedicated to study on a daily/weekly basis? What interfered?

4. During the exam, do you answer questions sequentially, or do you "flag" questions to come back to later?

5. How are you with pacing during the exam? Do you feel rushed and constantly watch the clock? Is time left at the end of the exam? If there is, what do you do with this time?

6. How well do you believe that you perform on standardized exams? If not well, why do you think that is?

7. What do you believe you need to do in order to improve your performance?

From: Klug, Rebecca Lynn
To: "wehner@marshall.edu"; "daileyc@marshall.edu"; "raines@marshall.edu"
Subject: Appeal for Review
Date: Thursday, March 19, 2015 4:29:00 PM

Rebecca Klug, MD
1860-R McCoy Road
Huntington, WV 25701
Klug3@marshall.edu
(304) 634-1829
March 19, 2015

Dr. Paulette Wehner, DIO
Vice Dean of Graduate Medical Education
1600 Medical Center Drive
Huntington, WV 25701
Subject: Request for Appeal of Clinical Competency Committee's Decision on Promotion

Dear Dr. Wehner,

I am writing to request a review of an appeal to the decision made by the Department of Surgery Clinical Competency Committee regarding my non-promotion to PGY-3 level for the next academic year. I feel that this non-promotion carries a serious threat to my professional development. My poor academic performance is a disappointment and admit I lack attentiveness to this area of graduate medical education. There are several factors that contributed to deficiencies affecting my competency regarding my academic work.

At the start of this academic year, I was immersed in a hostile work environment. Residents senior to me and faculty used intimidation and threats on several occasions as a strategy to force me to comply with their unreasonable requests. The level of offensive conduct directed at me and occurring in my presence placed me in an environment of harassment. Faculty members have intentionally placed me in situations that I was morally and ethically opposed to. My experiences had greatly affected my emotional state, I feel depressed, anxious, scared and I am suffering from exhaustion. These situations created an environment in which I did not have the time, energy or mental focus to apply to my academic workload. I desire greatly to be a surgeon and this has been noticed since my third year of medical school at Marshall. My evaluations and feedback, over the years from faculty and other residents has never reflected that I should be in this non-promotion situation. The difference this year is the level of toxicity in the workplace that I have experienced and my recent complaints about this to the program director. I feel that due to the situation I have been dealing with, I am due a fair chance at change before affecting my future professional career. I have not been able to perform academically in this situation and I feel that with some change, I am confident, willing and able to successfully complete the academic work.

I agree with the contents outlined in the plan of action stated in the Warning Letter issued to me on 3/12/15, however I do not agree with the decision for non-promotion without an opportunity for my performance to be re-evaluated prior to the next academic year for on-schedule promotion. Dr. Amanda Arrington agreed to serve as my mentor; I have an appointment scheduled at Marshall H.E.L.P. and I am making progress on the reading assignments.

I appreciate any consideration of this request for review of an appeal. Please contact me by phone or email for any questions.

Sincerely,

Rebecca Klug, MD

cc: JoAnn Raines, Cindy Dailey

Klug003235

From: [Dailey, Cindy S](#)
To: [Klug, Rebecca L.](#)
Cc: [Wehner, Paulette](#)
Subject: Ad Hoc Appeal Committee and Information
Date: Tuesday, March 24, 2015 4:45:44 PM
Attachments: [image001.png](#)
[Grievance-Procedure.pdf](#)
[SOM Faculty List.xlsx](#)
Importance: High

Dear Dr. Klug,

We are in receipt of your Appeal request dated Thursday, March 19, 2015.

Per the GME Policy on Resident/Fellow Appeal Procedure, Section 4, 4.3, you have the following **option** for your Appeal:

Two (2) names in writing (via email is fine) of a MUSOM (Marshall University School of Medicine) Program Director and a MUSOM faculty member you would like to include as a member of the Ad Hoc Appeal Committee. The selections may not be from your Program (Surgery), nor will any member of the Committee be from the Surgery Department/Program.

Below is a list of current Program Directors in the School of Medicine and their Programs. Please choose one (1) from this list. I have excluded your Program Director.

Program Director	Program
Mitch Shaver, MD	Family Medicine
Mehiar El-Hamdani, MD	Internal Medicine
Skip Nitardy, MD	Med/Peds
Kevin Conaway, MD	OB/GYN
Ali Oliashirazi, MD	Orthopaedics
Susan Flesher, MD	Pediatrics
Suzanne Holroyd, MD	Psychiatry
Ellen Thompson, MD	Cardiology
Mark Studeny, MD	Interventional Cardiology
Nancy Munn, MD	Pulmonary
John W. Leidy, MD, PhD	Endocrinology
Maria Trio Tirona, MD	Oncology

I have attached a list of current full-time faculty members. Please choose one faculty member (excluding Surgery) you wish to be a member of the committee. The list is quite extensive and includes faculty from all disciplines within the School of Medicine. I will need your selections no later than 4:30 p.m. on Friday, March 27, 2015. Once we have your selections, we will set the date for your appeal which will be within the next 15 working days. Submissions after the deadline will not be accepted.

I have also attached a copy of the Grievance Procedure Policy for your information.

I will also need to know your preferred method of communication: Email, USPS mail as well as if texts are acceptable for meeting updates and other notifications.

The purpose of the Ad Hoc Committee is to address the Appeal of Non-Promotion. Dr. Wehner will be in contact with you regarding the other issues of concern.

If you have any questions about the appeals process, please do not hesitate to ask.

Thanks,

Klug003237

Cindy Dailey
Cindy S. Dailey
Director, Office of Graduate Medical Education
Marshall University Joan C. Edwards School of Medicine
1600 Medical Center Drive, Suite 2582
Huntington, WV 25701
Phone: (304) 691-1817
Fax: (304) 691-1818

Klug003238

From: [Dalley, Cindy S](#)
To: [Klug, Rebecca L](#)
Subject: Level One Appeal Hearing - April 8
Date: Wednesday, April 1, 2015 3:08:13 PM
Attachments: [image001.png](#)
[Grievance-Procedure.pdf](#)
Importance: High

Dr. Klug,

This email is to officially notify you of the date and time of your Level One Ad Hoc Appeal Hearing. The hearing will be held on Wednesday, April 8, 2015, beginning at 4:30 pm in the School of Medicine Conference Room located in the Health Science Library, 2nd floor of the Marshall Medical Center. The Committee will privately review all documents provided to them from the Program Director and yourself. You will also be provided the same documents in a separate room to review. This should take approximately 30 minutes.

At approximately 5 pm, the hearing will begin with statement of purpose by the Chair, introductions and followed by opening statements by the Program Director and yourself respectively. If you have any support documentation (any printed material) that you would like presented to the committee, please have it to me no later than 4:30 pm Monday, April 6, 2014. Also, if you have any witnesses to present any relevant information, please notify them of the date, time and location of this meeting as well as letting me know the number you plan to have. Please note: They will not be present for the entire hearing, should not arrive before 5 pm and will wait in the library area until they are called into the conference room. Our Policy allows for you to have legal representation (attorney) present at this hearing.

Below is a list of committee members selected, title and position per the Policy:

Hoyt Burdick, MD – Chair & *GMEC Voting Member

Nancy Munn, MD– Program Director

James Becker, MD – *GMEC Voting Member

Ellen Thompson, MD – Faculty Member

Allison Hamilton, MD, MD – Resident/Fellow Member

Susan Flesher, MD – Program Director - Chosen by the Resident and GME

Charles Clements, MD – Faculty Member - Chosen by the Resident

I am attaching our Grievance Policy for your review and understanding of the Level One Appeal Process.

If you need any help with this process, please do not hesitate to ask.

Thanks,

Cindy Dailey

*Graduate Medical Education Committee

Cindy S. Dailey

Director, Office of Graduate Medical Education

Marshall University Joan C. Edwards School of Medicine

1600 Medical Center Drive, Suite 2582

Huntington, WV 25701

Phone: (304) 691-1817

Fax: (304) 691-1818

Klug003245

Subject: ABSITE REMEDIATION

Date: Thursday, April 2, 2015 at 10:49:14 AM Eastern Daylight Time

From: Webb, Donna J.

To: Klug, Rebecca L.

CC: Mozaffari, Farid

Priority: High

ON BEHALF OF DR. FARID MOZAFFARI, PROGRAM DIRECTOR..

Dr. Klug,

As you know your recent score on the ABSITE exam for 2015 was 1%ile. Your remediation plan is listed below and you were given a copy of your exam so that you can see your topics missed.

- Complete 2 paragraph summary, single spaced, on all areas missed on ABSITE (Do not include any topic that includes APPLIED SCIENCE or is duplicated). You have approximately 81 topics that you need to work on. At least half of the topics should be turned in the Program Coordinator by June 30th and the other half by September 30, 2015). This is to be *your* summary of a topic, not cut and pasted from another source.
- Attendance and participation in at least 90% of Wednesday SCORE lectures/discussions
- Score of 70% or above on Wednesday exams.

If you have any questions regarding this remediation plan, please discuss with me immediately.

Donna C. Webb

Surgery Residency Coordinator

Marshall University - Joan C. Edwards School of Medicine

1600 Medical Center Drive

Huntington, WV 25701

304-691-1282 (O)

304-691-1287 (F)

creineans16@marshall.edu



Marshall Health

Subject: RE: Exam Scores

Date: Thursday, April 2, 2015 at 3:02:53 PM Eastern Daylight Time

From: Mozaffari, Farid

To: Webb, Donna J., Klug, Rebecca Lynn

Dr. Klug:

69% is close enough to 70% that it will not be held against you on weekly exams. We are not looking into a single score on these tests, but rather the overall average and if there are multitude of low scores which would indicate that the reading assignments were not done. Also it is a better indication of progress when the trend of the score is increasing from week to week. Therefore, I do not think it's necessary for you to do anything else regarding that score other than to continue to read the assigned curriculum.

Regards.

Farid B. Mozaffari, MD, FACS

Surgery Residency Program Director

Associate Professor

Plastic, Reconstructive, & Aesthetic Surgery

Marshall University School of Medicine



5185 Route 60, Suite 26
Huntington, WV 25705
(304) 691-8910

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From: Webb, Donna J.

Sent: Thursday, April 02, 2015 2:36 PM

To: Mozaffari, Farid

Subject: FW: Exam Scores

Please see below and advise

From: Klug, Rebecca Lynn [mailto:klug3@live.marshall.edu]

Sent: Thursday, April 02, 2015 2:01 PM

To: Webb, Donna J.

Subject: Re: Exam Scores

The 69% is not passing based on the remediation requirements. Since I received the details for the requirements today and that test was from last week; may I write on the topics I missed to bring that score up? Otherwise, I am afraid that may be held against me in the future. Thank you.

Becky

Rebecca Klug, MD
PGY-2

On Apr 2, 2015, at 12:35 PM, Webb, Donna J. <cremeans16@marshall.edu> wrote:

69% on first and 100% on second – good job

From: Klug, Rebecca Lynn [<mailto:klug3@live.marshall.edu>]
Sent: Thursday, April 02, 2015 12:32 PM
To: Webb, Donna J.
Subject: Re: Exam Scores

I am interested in y exam scores, thank you.

Rebecca Klug, MD
PGY-2

On Apr 2, 2015, at 12:18 PM, Webb, Donna J. <cremeans16@marshall.edu> wrote:

If you are interested in your exam scores, email me.

Donna C. Webb
Surgery Residency Coordinator
Marshall University – Joan C. Edwards School of Medicine
1600 Medical Center Drive
Huntington, WV 25701
304-691-1282 (O)
304-691-1287 (F)
cremeans16@marshall.edu
<image001.jpg>

DATE : April 9, 2015

APPEALEE NAME: Rebecca Klug, MD

Dear Dr. Klug,

Pursuant to the Marshall University Joan C. Edwards Graduate Medical Education Policy on Resident/Fellow Appeal Procedure, Section 4 Level 1 Appeal Ad Hoc Appeals Committee met on April 8, 2015, to consider and issue an opinion on the following six questions:

- 4.10.1. *Was the resident's/fellow's performance judged using the same criteria and instruments as those used for other residents/fellows in the program?*
Yes
- 4.10.2. *Was the resident/fellow notified of the specific deficiencies to be corrected?*
No – not in writing prior to a notice of adverse action
- 4.10.3. *Was the resident/fellow instructed to correct the deficiencies?*
No – not in a written remediation plan
- 4.10.4. *Was the resident/fellow placed on formal academic remediation? (If the resident/fellow was not placed on "formal academic remediation," the program director must provide the reasons for that action)*
No – not in a written remediation plan
- 4.10.5. *Was the resident's/fellow's performance reevaluated according to the terms of the remedial program?*
No
- 4.10.6. *Was there any evidence submitted which would indicate either that the action should not be taken or otherwise be mitigated?*
Yes

Therefore, on behalf of the Level 1 Ad Hoc Appeal Committee and based upon the material and presentations provided, the Committee recommends that your request to appeal the adverse action outlined in a Warning Letter dated March 12, 2015, be granted. Granting your request for appeal does not guarantee subsequent advancement nor remove any responsibility you may have to successfully remediate any deficiencies within the required time frame according to a written plan.

Klug000301

Pursuant to 4.11, a copy of this official opinion is being provided to you via the preferred method of notification with electronic copy to the Vice Dean, Graduate Medical Education, the Residency Program Director and the Department of Surgery Chair.

Sincerely,

Handwritten signature of Hoyt J. Burdick, MD in black ink.

Chair, Level 1 Ad Hoc Appeal Committee

Cc: Paulette, Wehner, Vice Dean, GME
Farid Mozzafari, MD, Surgery Residency Program Director
David A. Denning, MD, Surgery Department Chair

From: Webb, Donna J.
To: Klug, Rebecca
Cc: Mozaffari, Farid; Denning, David A; Wehner, Paulette; Dailey, Cindy S; Arrington, Amanda K.
Subject: Appointment
Date: Friday, April 17, 2015 3:44:25 PM
Importance: High
Sensitivity: Confidential

On behalf of Dr. Farid Mozaffari,
Dr. Klug,

Please plan on meeting me on Monday, April 20th at 7:00am in the MU Surgery Department to discuss your Education Enhancement Plan. We will meet in Dr. Denning's office.

Donna C. Webb

Surgery Residency Coordinator

Marshall University – Joan C. Edwards School of Medicine

1600 Medical Center Drive

Huntington, WV 25701

304-691-1282 (O)

304-691-1287 (F)

cremeans16@marshall.edu



Marshall University – Joan C. Edwards School of Medicine
Department of Surgery
Educational Enhancement Program
For Poor Academic Performance

4/20/15

Resident Name: Rebecca Klug

PGY: 2

Educational Enhancement issue: Poor Academic Performance

FOCUSED ISSUES FOR EDUCATIONAL ENHANCEMENT:

1. Improve academic Performance
2. Focus on recognizing and developing personal reading and retention skills particular to knowledge assessed in the ABSITE Exam: Assignments made by Dr. Amanda Arrington, your educational mentor.

Text that Dr. Arrington will use is Sabiston

REQUIRED WORK EFFORT

1. 100% completion of the weekly SCORE curriculum (catch up from last year to present)
2. 100% attendance at all conferences (except scheduled vacation)
3. Minimum average score of 70% on weekly exams
4. Strict adherence to the 80 hour work week and call restrictions/regulations without any exceptions. (Dr. Klug herself is responsible for keeping track of her duty hours and reporting of her duty hours within 24 hours of completing her daily work. Any violation of the 80 hour work week has to be immediately reported to the program director and to the administrative chief.)
5. Timely completion of all administrative duties, charts, and documentations
6. Maintaining updated ACGME case logs.
7. Weekly meetings with Dr. Amanda Arrington, to be scheduled and adhered to by Dr. Klug. Dr. Arrington will give Dr. Klug assigned reading and work to be done and will monitor her progress and participation and report back to the Program Director on a weekly basis.
8. All conditions listed above are in addition to the criteria for promotion from PGY-2 to PGY-3 that is already stated in the resident hand book and required by the American Board of Surgery as well as the requirements of the ABSITE policy. For the sake of clarification, I have listed those conditions below:
 - a. Write and submit an abstract on research topic chosen as a PGY 1 to a state or national meeting for poster or oral presentation. Abstract must be discussed with Program Director before submission. - NO
 - b. Completion of ASTS Transplant Curriculum on SCORE
 - c. Exposure or participation in 50% of the SCORE Curriculum Procedures (see attachment for procedures) - NO
 - d. ABS Requirement – resident will be required to have performed 250 cases by the conclusion of the PGY 2 year.
 - e. PGY 2 must prove competency by acquiring the requisite number of procedures under direct supervision by a PGY 4 or 5 resident or an attending physician. (see attachment for procedures)
 - f. ABSITE Policy - Complete 2 paragraph summary, single spaced, on all areas missed on ABSITE (Do not include any topic that includes APPLIED SCIENCE or is duplicated) You have approximately 81 topics that you need to work on. At least half of the topics should be turned in the Program Coordinator by June 30th and the other half by September 30, 2015). This is to be your summary of a topic, not cut and pasted from another source.

g. Dr. Klug will continue to be excused from work duties for any scheduled doctor's appointments.

All of these requirements must be completed by June 15, 2015. In late June, Dr. Klug will be given an exam similar to ABSITE and must obtain a minimum of 65% correct answers. Failure to comply with any of the conditions listed above will result in non-promotion to PGY-3 and repeating PGY-2 year.

Faculty Signature: _____

Date: _____

Resident Signature: _____

Date: _____

MARSHALL UNIVERSITY
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DEPARTMENT OF SURGERY
ACADEMIC YEAR 2014-2015

PROMOTION, PROBATION AND DISMISSAL

PROMOTION

The decision to promote a resident to the next PGY level up to the time of graduation shall be determined by the Program Director with the evaluation and advice of the Clinical Competency Committee (CCC).

The method of evaluation shall consist of direct resident observation, indirect observations through faculty rotation evaluation, 360 ° resident evaluations, peer evaluations, interdepartmental and institutional correspondence, and written and oral examinations including USMLE, ABSITE, and Departmental exam tools.

The resident must participate in ALL aspects of the curriculum. The resident must participate in evaluation of the curriculum, fellow residents, medical students, Departmental Faculty and the training program.

Each resident is expected to complete his administrative responsibilities in a timely and accurate manner.

• CRITERIA FOR PROMOTION:

PGY 1:

Education:

- Attendance, participation and submission of exams for 80% of the weekly didactic lectures from the SCORE Curriculum
- Attendance at 80% of Grand Rounds and M&M Conference
- Attendance at 80% of Journal Club
- Attendance at 80% of GI Club
- Completion of ACS "Fundamentals of Surgery " 25 Basic Cases" Curriculum by start date, July 1 and completion of the entire curriculum by November 1st.
- Establish an area or topic of research project by December of intern year and complete the following:
 - Citi Certification
 - Submission of application for project to IRB
- Obtain ACLS and ATLS Certification
- Take and pass Step III by January of intern year.

Procedures: Exposure

- Exposure or participation in 50% of the SCORE Curriculum Procedures listed below:
 - Open Repair of Inguinal and Femoral Hernia
 - Open Liver Biopsy

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DEPARTMENT OF SURGERY
ACADEMIC YEAR 2014-2015

- Open Gastrostomy
- Open Appendectomy
- Laparoscopic Appendectomy
- Banding for Internal Hemorrhoids
- Hemorrhoidectomy
- Subcutaneous Lateral Internal Sphincterotomy
- Drainage of Anorectal Abscess
- Anal Fistulotomy/Seton Placement
- Proctoscopy
- Aspiration of Breast Cyst
- Duct Excision
- Breast Biopsy with or Without Needle Localization
- Excisional and Incisional Biopsy of Skin/Soft Tissue Lesions
- Incision, Drainage, Debridement for Soft Tissue Infections
- Arterial Line Placement
- Central Venous Line Placement
- Pulmonary Artery Catheter Placement
- Endotracheal Intubation
- Sclerotherapy, Peripheral Vein
- Percutaneous Vascular Access
- Chest Tube Placement
- Skin Grafting
- Tracheostomy
- Inguinal Herniorrhaphy in Children
- Pilonidal Cystectomy

Procedures: Competency

- PGY 1 must prove competency in the following procedures by acquiring the requisite number of procedures under direct supervision by a Senior Resident (PGY 4 or 5) or Attending. Residents must prove that certain basic procedural skills have been obtained and that the resident is competent to perform them without direct supervision. To obtain evaluation of this competency, the resident must complete five (5) of each of the following procedures under direct supervision of a Senior Resident (PGY 4 or 5) or a Surgery Faculty member and log them into New Innovations where they must be signed off on by the resident of attending. *The last two of each procedure must include patient information such as Medical Record Number and hospital where procedure was performed. These last two procedures will be reviewed by the Program Director for patient outcomes and evaluated with the resident.*
-

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DEPARTMENT OF SURGERY
ACADEMIC YEAR 2014-2015

- Central Lines
- Chest Tube Insertion
- Arterial Lines
- Mediport Insertion
- Conscious Sedation
- PICC Line
- Insertion of Foley Catheter
- Seclusion and Restraints

Criteria for Promotion: PGY 2

Education:

- Attendance, participation and submission of exams for 80% of the weekly didactic lectures from the SCORE Curriculum
- Completion of ASTS Transplant Curriculum on SCORE
- Attendance at 80% of Grand Rounds and M&M Conferences
- Attendance at 80% of Journal Club
- Attendance at 80% of GI Club
- Write and submit Abstract on research topic chosen as a PGY 1 to a state or national meeting for poster or oral presentation. Abstract must be discussed with Program Director before submission.
- Maintain ACLS and ATLS Certification

Procedures: Exposure

- Exposure or participation in 50% of the SCORE Curriculum Procedures listed below:
 - Laparoscopic Exploratory Laparotomy
 - Laparoscopic Repair of Inguinal and Femoral Hernia
 - Open repair of Ventral Hernia
 - Open Cholecystectomy with or without Cholangiography
 - Laparoscopic Cholecystectomy with or without Cholangiography
 - Laparoscopic Liver Biopsy
 - Percutaneous Liver Biopsy
 - Percutaneous Endoscopic Gastrostomy
 - Open Small Bowel Resection
 - Open Adhesiolysis
 - Ileostomy
 - Ileostomy Closure
 - Open feeding Jejunostomy
 - Open Partial Colectomy
 - Colostomy

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DEPARTMENT OF SURGERY
ACADEMIC YEAR 2014-2015

- Esophagogastroduodenoscopy
- Bronchoscopy
- Lumpectomy
- Total and Skin-Sparing Mastectomy
- Sentinel Lymph Node Biopsy
- Venous Insufficiency and Operation for Varicose Veins
- Arteriovenous Graft/Fistula

ABS Requirement:

Residents will be required to have performed 250 operations by the conclusion of the PGY-2 year. These can include operative procedures performed as surgeon or first assistant, as well as operative exposures (e-codes) and endoscopies. This will be effective with individual starting residency in July 2014 or thereafter. Since the ABS does not receive residents' operative data until the application for certification, the RRC-Surgery will track adherence to this requirement through its case log system.

Procedures: Competency

- PGY 2 must prove competency in the following procedures by acquiring the requisite number of procedures under direct supervision by a Senior Resident (PGY 4 or 5) or Attending. To obtain evaluation of this competency, the resident must complete five (5) of each of the following procedures under direct supervision of a Senior Resident (PGY 4 or 5) or a Surgery Faculty member, log them into New Innovations and have them signed off on by the resident or attending. *The last two of each procedure must include patient information such as Medical Record Number and hospital where procedure was performed. These last two procedures will be reviewed by the Program Director for patient outcomes and evaluated with the resident.*

- Trauma Resuscitation
- Burn Resuscitation
- Ventilator Management
- Open Feeding Jejunostomy
- Open Repair of Ventral Hernia
- Open Cholecystectomy with or without Cholangiography
- Laparoscopic Cholecystectomy with or without Cholangiography
- Adult Intubation

Educational Enhancement Checklist:

☒ Meeting to review unsatisfactory score on ABSITE

Date: March 12, 2015

☒ Educational Enhancement Plan established - YES

☒ Faculty Mentor Assigned? Dr. Amanda Arrington

☒ Formal Letter sent: YES

Date: April ²⁰17, 2015

☒ Goals established? See attached plan

1. 100% score completion on assigned modules
2. 100% conf attendance
3. 70% average weekly score tests
4. Meeting w/ Dr. Arrington on weekly basis
5. 65% correct on an ABSITE like exam at end of June

☒ Follow-up Meeting?

Date: May 18 7AM, June 16 7AM

☐ Outcome of issue: met educational goals? Did not meet educational goals?

Educational Enhancement Checklist: Rebecca Klug, MD

☒ Meeting to review unsatisfactory score on ABSITE

Date: March 12, 2015

☒ Educational Enhancement Plan established - YES

☒ Faculty Mentor Assigned? Dr. Amanda Arrington

☒ Formal Letter discussed with Dr. Klug: YES

Date: April 20, 2015

☐ Goals established? See attached plan

1. _____
2. _____
3. _____
4. _____
5. _____

☐ Follow-up Meeting?

Date: _____

☐ Outcome of issue: met educational goals? Did not meet educational goals?

Educational Enhancement Checklist: Rebecca Klug, MD

☒ Meeting to review unsatisfactory score on ABSITE

Date: March 12, 2015

☒ Educational Enhancement Plan established - YES

☒ Faculty Mentor Assigned? Dr. Amanda Arrington

☒ Formal Letter discussed with Dr. Klug: YES

Date: April 20, 2015

☐ Goals established? See attached plan

1. _____
2. _____
3. _____
4. _____
5. _____

☐ Follow-up Meeting?

Date: May 8 (Mon) / June 14 (Sat)
7:00 A 16 Tue PM

☐ Outcome of issue: met educational goals? Did not meet educational goals?

Documentation of Meeting: April 20, 2015, 7am

Present: Rebecca Klug, MD, Farid Mozaffari and Donna Webb

Subject: Educational Enhancement Plan

Dr. Mozaffari met with Dr. Klug and read over the Educational Enhancement Plan that was developed for her by him and the Clinical Competency Committee.

Dr. Klug said she understood all of the parameters and would do her best to achieve each of them. She expressed concern about the exam and said that she knew with what little time she had between now and June that she would not be able to pass the exam. She also said she did not know of any policy that said residents had to take an exam to pass. Dr. Mozaffari explained to her that she should have been preparing since last year when she performed so poorly on the ABSITE exam.

Dr. Klug and Dr. Mozaffari signed the Enhanced Educational Plan and Dr. Klug was given a copy of everything.

Dr. Mozaffari scheduled two additional meetings with Dr. Klug on May 18th and June 16th at 7am to discuss her progress.

4/22/15
F. K. K. 4/22-15

From: Arrington, Amanda K.
Sent: Wednesday, May 13, 2015 9:40 PM
To: Mozaffari, Farid; Webb, Donna J.
Subject: Remediation on hold..

After everything in the last 24 hours, I just wanted to put it in writing that my sessions with Becky Klug will be put on hold until further notice. I will be more than happy to meet with her or contact her for moral support, but my understanding is she wants peace and no contact right now. Therefore, when/if she makes the decision to return and at a place in her life where she can focus, we can restart the process at that time. It is not fair to her to hold this over her head when her life is upside down right now.

Putting my two cents in, perhaps she needs to take an extended time off to refocus and recover (heck I would completely understand if she needed 6 months or a year even), and then return either as a 3rd year (just 6 months off cycle) or as a 2nd yr again. She already is isolated and alone it seems, I am afraid that she will isolate herself even more and I don't know what we can do about it. I want to help however I can

Thoughts?

Thanks

Amanda

Amanda K. Arrington, MD

Surgical Oncology
Assistant Professor

Marshall University Department of Surgery
Edwards Comprehensive Cancer Center
1400 Hal Greer Blvd
Huntington WV 25701

Office 304-399-6600
Fax 304-399-6604
Pager 304-690-7040

Email Arrington21@marshall.edu
Email Amanda.arrington@chhi.org

Farid B. Mozaffari, MD, FACS
Associate Professor, Plastic Surgery
Department of Surgery
Residency Program Director

June 24th, 2015

Dr. Klug,

During your evaluation this morning we discussed whether or not you were ready to return to work after your recent tragedy on May 13, 2015. Immediately afterwards, we gave you extra bereavement time off and when you returned to work on June 2nd, it was evident that you were not ready to return, but when you were asked if you were ok or needed anything, you always replied no. When we spoke this morning, you agreed that you were probably not ready to return to work when you did, and requested additional time off, to which I agreed.

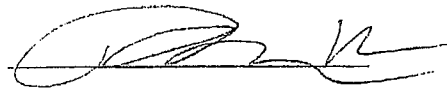
As we discussed this morning, you wanted to know what your options were before you decided how much time you needed. You have fifteen (15) sick days available to use. If you need additional time, you can request unpaid leave of absence. According to ABS and ACGME rules, any additional time off (given the time already taken) will extend your training time. You should also be aware of the American Board of Surgery's requirements for training. Attached is a copy of the requirements.

Because your health and well-being is a concern, you must have an initial evaluation by a qualified mental health counselor or therapist and ongoing counseling while you are off on leave. To return to work, you must provide a statement from your Counselor/Therapist stating you are fit to return. In the past, you have informed me that you are seeing a Counselor and you can continue to see this person, or you can make an appointment with Dr. Gary Patton at St. Mary's Medical Center. I will provide you with his cell phone number if you would prefer to see him. If you prefer to see your current provider, please supply me with contact information so that I can speak with he or she about the return to work requirement. If you choose Dr. Patton, he will also be made aware of the return to work report requirement.

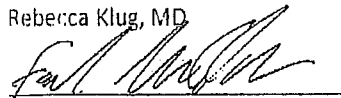
Please let me know what your plans are as far as how long you will need off and which counselor you wish to see.

Dr. Klug, as we discussed this morning, it is imperative that you keep the lines of communication open with me and please let me know if you need anything.

I have read and understand the conditions in this letter.



Rebecca Klug, MD



Farid B. Mozaffari, MD, FACS

6/25/2015
Date:

6/25/15
Date:

Attachments x 2

C: Paulette Wehner, MD, DIO

David Denning, MD, FACS, Department Chairman

Amanda Arrington, MD, FACS

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1600 Medical Center Drive, Suite 2500 • Huntington, West Virginia 25701-3655 • Tel 304/691-1282 • Fax 304/691-1287

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Klug000307

From: Arrington, Amanda K.
To: errington thompson
Cc: Webb, Donna J.; Robinson, Dustin; Klug, Rebecca; Kimberly Mann; Denning, David A; Timothy Canterbury; Wolfer, Rebecca; Mozaffari, Farid; Beaver, Bonnie L; Bown, Paul
Subject: Re: Emergency Meeting
Date: Thursday, June 25, 2015 5:16:53 PM
Attachments: image001.png
image001.png

I should be there as well

Thanks!

Aka

Sent from my iPhone

Amanda Arrington, MD
Surgical Oncology
Marshall University
Edwards Comprehensive Cancer Center

On Jun 25, 2015, at 10:01 AM, errington thompson <erringtonthompson@gmail.com> wrote:

Okay, I'll be there.

Errington C. Thompson, MD
Director of Trauma Services
Marshall University

On Jun 25, 2015 8:59 AM, "Webb, Donna J." <cremeans16@marshall.edu> wrote:

Dr. Mozaffari would like to call an emergency meeting of the C3 Committee to discuss Dr. Rebecca Klug and her current status in the program. This meeting is at Dr. Klug's request. The meeting will be held tomorrow morning (June 26) at 6:30 am in the Surgery Conference Room.

Donna C. Webb

Surgery Residency Program Administrator

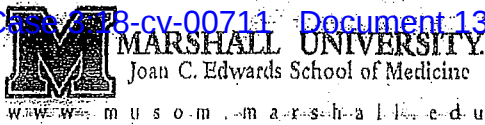
Marshall University – Joan C. Edwards School of Medicine

1600 Medical Center Drive

Huntington, WV 25701

304-691-1282 (O)

304-691-1287 (F)



Farid B. Mozaffari, MD, FACS
Associate Professor, Plastic Surgery
Department of Surgery
Residency Program Director

July 10, 2015

Rebecca Klug, MD
1860 - R McCoy Drive
Huntington, WV 25701

Dr. Klug,

I am in receipt of your correspondence with the GME office regarding your request for additional time off from your position. Dr. Wehner has approved your request to stay off until August 1st, 2015. Please remember to present your approval to return to work from Dr. Patton when you come back on August 1st.

Since it has been a while since we have talked, I wanted to make sure that you understand the parameters that are still in place for your remediation. I have modified the list since you are starting your PGY 2 over. Listed below are the things that need to be completed before you return to work on August 1, 2015.

- Please bring your ACGME case logs up to date and keep them up to date at all times.
- Give me an Outline of a personal study plan for 2015-2016.
- Establish an area or topic of research project and complete the CITI training and request IRB if applicable.
- Complete the ABS Flexible Endoscopy Curriculum - Level One (Curriculum attached)
- Complete the Intro to the Practice of Medicine Curriculum modules 2, 4, 8, 9, 10, 21, 22, 24 and 25 (information attached)

The deadline for completion of the ABSITE Educational Enhancement requirement, under Required Work Effort will be moved to November 1st, 2015 since that is when everyone else has to submit theirs.

Additionally, in looking at your time off, I want you to be aware that there is the possibility that you may be short on the ABS requirement listed under "Leave During a Standard Five-Year Residency" that states, "For documented medical problems or maternity leave, the ABS will accept 142 weeks of training in the first three years of residency and 94 weeks in the last two years of residency." We are in the process of clarifying whether or not the time you took off in May and June will be counted since you are repeating your PGY 2 year. When you return we should meet and discuss the dates to make sure our records are in sync with yours.

I am happy to hear that you are doing well and we are eager to have you return to the program. Please keep in touch.

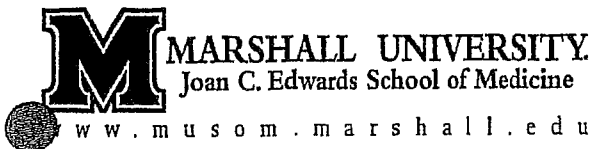
Sincerely,

Farid Mozaffari MD
Farid B. Mozaffari, MD, FACS

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Klug000308



Farid B. Mozaffari, MD, FACS
Associate Professor, Plastic Surgery
Department of Surgery
Residency Program Director

July 20, 2015

Frank R. Lewis, Jr., MD
Executive Director
The American Board of Surgery
1617 John F. Kennedy Blvd., Suite 860
Philadelphia, PA 19103

RE: Rebecca Klug, MD

Dear Dr. Lewis:

We have another point of clarification on a situation with one of our residents. We have a PGY 2 resident who is being held back this academic year in the PGY 2 spot due to some academic problems. She recently had a horrible personal tragedy in her personal life and has taken off several weeks to deal with this issue. After reading the ABS' requirements, Leave during a Standard Five-Year Residency, I want to make sure that Dr. Klug is in compliance for the first three years of residency requirement.

Here is the breakdown of clinical time and vacation/sick time for Dr. Klug beginning with her Intern Year:

PGY Level/Year	Clinical Time	Vacation/Sick Time
PGY 1 – 2013-2014	49 weeks	3 week
PGY 2 – 2014-2015	45.5 weeks	3 weeks Vacation and 3.5 sick time = 6.5 weeks off
**PGY 2 – 2015-2016	44 weeks	5 weeks Sick time/3 weeks vacation = 8 weeks off
If she works as scheduled		

Our question is do we count the clinical time for her PGY 2 last year since she is repeating her PGY 2 this year, or do we count her Intern year, current PGY 2 year and her PGY 3 next year?

Thanks in advance for your clarification on this issue.

Sincerely,


Farid B. Mozaffari, MD

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ST. MARY'S MEDICAL CENTER

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July 29, 2015

Dr. Mozaffari
Department of Surgery
Marshall University

Dear Dr. Mozaffari,

This is to confirm that Rebecca Klug, M.D. has presented for and participated in the counseling sessions that were advised for her through your direction. She has been conversant, attentive, and involved in each session. I have addressed issues related to the recent demise of her spouse and her participation in the surgical residency program at Marshall University.

It is my opinion that Dr. Klug is ready and able to resume her participation in the surgical residency program at Marshall University.

I remain available to assist in any way that is needed.

Thank you for your referral.

Respectfully submitted,

Gary L. Patton, Ph.D., LPC

Director

Department of Mental Health Counseling & EAP

St. Mary's Medical Center